



IDAHO STATE BOARD OF ACCOUNTANCY
PO Box 83720
Boise ID 83720-0002
Phone (208) 334-2490 Fax (208) 334-2615
E-Mail: isba@isba.idaho.gov
Web Site: isba.idaho.gov

OFFICE USE ONLY

Seq # _____
Batch # _____
Check # _____
Date _____
Amount _____

\$120.00 License Fee
\$ 20.00 Wall Certificate fee (optional)
(ALL FEES ARE NON-REFUNDABLE)

**APPLICATION FOR LICENSE
CERTIFIED PUBLIC ACCOUNTANT**

Applicant's Name: _____

Please provide your residence and business address and place a check in the box next to the address you prefer we use.

NAME _____ DOB _____ SSN _____

☐ RESIDENCE ADDRESS _____
CITY, STATE, ZIP _____ PHONE _____

FIRM NAME _____

☐ FIRM ADDRESS _____
CITY, STATE, ZIP _____ PHONE _____
FIRM PHONE _____ FIRM FAX _____

E-MAIL ADDRESS _____

Record of employment not listed on prior applications: Give names and addresses of employers, dates of employment, nature of work and reasons for changing employment. If you were discharged or resigned under charges, give particulars on separate sheet.

Employer: _____ Dates Employed: _____

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☐ Yes ☐ No Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor (including any felony or misdemeanor traffic violations) not previously disclosed to this Board in writing? If yes, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

☐ Yes ☐ No Have you had an application for license denied, or license suspended, restricted, or revoked by any state or federal agency or governing or licensing board?

The statements given in this application are true and correct to the best of my knowledge and belief, I have not suppressed any information which might have a bearing upon this application, and I know of no reason why the application should not be granted.

Date: _____ Signature: _____



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VERIFICATION OF EMPLOYMENT AND EXPERIENCE EVALUATION FORM

(Please return a completed form for each employer)

Applicant Name: _____ E-Mail Address: _____

Employer: _____ Employer Address: _____

Applicant's Job Title: _____ Period of Employment: _____ to _____

Absence during this period of employment for military service or medical leave (circle one) was from _____ to _____

Please list your total hours from this employer: Public Practice _____ hours Non-Public Practice _____ hours

Please briefly describe your accounting experience which demonstrates satisfactory knowledge of current practice standards and pronouncements of the profession in the following areas. Indicate the percentage of experience in each area. **Attach additional sheets if necessary.**

_____% ACCOUNTING: _____ % AUDITING: _____

_____% MANAGEMENT ADVISORY: _____ % FINANCIAL ADVISORY: _____

_____% CONSULTING: _____ % TAX ADVICE: _____

APPLICANT'S CERTIFIED TRUE STATEMENT

I certify to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. (The applicant is not required to have their signature notarized)

Date: _____ Signature: _____

CPA'S OR LPA'S NOTARIZED CERTIFIED TRUE STATEMENT

My signature below indicates my compliance with the following requirements:

- 1) I will maintain all supporting documentation of the applicant's experience until 30 days after the applicant is granted a certificate. I understand the Board of Accountancy or its designee may inspect the supporting documentation of the applicant's experience upon receipt of the application prior to its approval.
- 2) The above named applicant has demonstrated satisfactory knowledge of current practice standards and pronouncements of the profession.
- 3) I understand any false or misleading statement made on a certificate of experience shall constitute a violation of Idaho Code 54-219(1)(a) and could result in the suspension or revocation of my license.

Dated: _____ Signature: _____ Please print your name: _____

State(s) in which I hold a current CPA license. Please list license number(s) _____

If you are a licensed LPA in Idaho, please list your license number _____ PA- _____

Notary Public:

Subscribed and sworn before me this _____ day of _____, 20 _____.

Official
Seal

Notary Public Signature

Residing at _____ (County) _____ (State) My commission expires _____